

**APPLICATION FOR A SEAFOOD LICENCE – SHELLFISH CULTIVATION OR HARVEST
Food Regulation 2010**

Licensing unit office hours: 8.30am – 5.00pm Monday – Friday Phone: 02 6552 3000 or 1300 552 406 Fax: 02 6552 7239
NSW Food Authority ABN 47 080 404 416 PO Box 6682 SILVERWATER NSW 1811

Certain food businesses are required to hold a NSW Food Authority licence to operate. Businesses that operate without the appropriate licence from the NSW Food Authority are committing an offence under the *Food Act 2003* and may be prosecuted.

Seafood businesses that need to be licensed

Under the Food Regulation 2010, food businesses must have a NSW Food Authority licence if they produce, store or process Shellfish as defined under Clause 111 of the Seafood Safety Scheme (Part 8 of the Regulation) and defined as a “seafood business” under Clause 116 and perform the following activities:

- the culture, harvesting or collecting of shellfish
- the depuration of shellfish,
- the cultivating of spat,

Licensing under this Regulation is used to ensure that a business has the capacity to produce safe food before the food is supplied to the market. A licence is not transferable from one person or business to another.

What do I need to comply with?

Any businesses that hold a licence must comply with the following:

Food Regulation 2010 (NSW)

Food Act 2003 (NSW)

Food Standards Code, Food Regulation 2010

Development and implementation of an adequate food safety program under the Food Regulation 2010 based on Standard 3.2.1 of the Food Standards Code or Codex HACCP. The program must accurately outline the hazards associated with the food business' operations. Assistance material is available from the NSW Food Authority's web site at www.foodauthority.nsw.gov.au

NSW Shellfish Industry Manual published by NSW Food Authority

Where a Food Safety Program (FSP) is required for businesses under the legislation, failure to have a FSP available for review at the compliance inspection may result in the non issue of a licence to operate.

What to do next?

- Complete the licence application form and return it with payment to: NSW Food Authority, PO Box 6682, Silverwater NSW 1811.
- You must not commence operations until the above steps have been completed and you are informed that your licence application has been processed. If the premises is found to be operating without a licence, enforcement action will be taken.
- Prior to the approval of a licence, a licensing audit or licensing inspection will be carried out to ensure compliance with the Food Standards Code and Food Regulation 2010. If the licensing audit or inspection fails the licence may not be approved and your licence application may be rejected.




IMPORTANT NOTES for completing the licence application

- A separate licence application must be completed if you have more than one premises – however if the application forms are submitted at the same time only one application fee will be required.
- Please ensure that each page of the application is completed (where applicable) and checked before it is returned as failure to provide all information or signature(s) will result in delays in processing and issuing of the Licence.
- If you require further information or assistance please contact the NSW Food Authority's Licensing Unit on 02 6552 3000 or go to the NSW Food Authority website at www.foodauthority.nsw.gov.au

**APPLICATION FOR A SEAFOOD LICENCE – SHELLFISH CULTIVATION OR HARVEST
Food Regulation 2010**

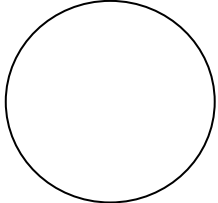
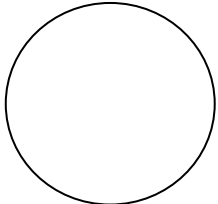
Licensing unit office hours: 8.30am – 5.00pm Monday – Friday Phone: 02 6552 3000 or 1300 552 406 Fax: 02 6552 7239
NSW Food Authority **ABN 47 080 404 416** PO Box 6682 SILVERWATER NSW 1811

APPLICANT DETAILS:

Business Structure (please tick appropriate box)	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other Give details.....	
Full Name(s) of all applicant(s) <ul style="list-style-type: none"> ● Sole Trader ● Partners ● If a Company, please provide name(s) of all Director(s) ● If a Trust, please provide name(s) of nominated person(s) to receive correspondence ● Association, please provide copy of Certificate of Incorporation 	Family Name (Mr Mrs Miss Ms)	Given Name(s)
Name of Registered Company (if applicable)  If a Company, please provide a copy of ASIC company statement (showing names of public officers/ directors) & ABN Certificate		ABN
		ACN
Trust Name (if applicable)  If a Trust, please provide a copy of full ASIC Company Registration Certificate (showing names of public officers/ directors) & ABN Certificate		
Trading Name (if applicable)  If operating under a trading name, please provide copy of Department of Fair Trading Certificate of Registration of Business Name		
Postal Address of applicant(s) for service of notices		Business Contact Details: Telephone No: () Facsimile No: () Mobile No:
Email address:		
Do you want to receive the NSW Food Authority 'Foodwise' newsletter?	<input type="checkbox"/> YES – Please send to the above email address. <input type="checkbox"/> YES – Please send to the postal address indicated above. <input type="checkbox"/> NO – I do not wish to receive the 'Foodwise' newsletter.	
Authorised Contact Name		Authorised Contact's Phone Numbers: Telephone No: () Facsimile No: () Mobile No:
Position		
Do you have an existing Food Authority licence? If so, please give details.	Licence No: Customer No:	

**APPLICATION FOR A SEAFOOD LICENCE – SHELLFISH CULTIVATION OR HARVEST
Food Regulation 2010**

Licensing unit office hours: 8.30am – 5.00pm Monday – Friday Phone: 02 6552 3000 or 1300 552 406 Fax: 02 6552 7239
NSW Food Authority **ABN 47 080 404 416** PO Box 6682 SILVERWATER NSW 1811


<p>SIGNATURE(S) OF ALL APPLICANT(S)</p> <ul style="list-style-type: none"> • <i>All applicants must sign individually</i> • <i>If a company, show capacity of person signing</i> 	<p>I/We hereby certify that all information provided on this form is true and correct. Date of Application: ____/____/____</p>	 <p>Company Seal (if applicable)</p>
<p>CONSENT OF PRESENT LICENCEE(S) (If applicable)</p> <ul style="list-style-type: none"> • <i>All licencee(s) must sign individually</i> • <i>If a company, show capacity of person signing</i> 	<p>I/We, the current licencee(s) will/will not continue to conduct a seafood business using the premises and/or vehicle(s) and agree/do not agree to the cancellation of the Licence for the premises and/or vehicle(s). My/Our licence number is _____.</p> <p>Date: ____/____/____</p>	 <p>Company Seal (if applicable)</p>

**APPLICATION FOR A SEAFOOD LICENCE – SHELLFISH CULTIVATION OR HARVEST
Food Regulation 2010**

Licensing unit office hours: 8.30am – 5.00pm Monday – Friday Phone: 02 6552 3000 or 1300 552 406 Fax: 02 6552 7239
NSW Food Authority **ABN 47 080 404 416** PO Box 6682 SILVERWATER NSW 1811

PREMISES INFORMATION

- If licensing more than one premises, please photocopy this page, complete and return with other pages of application form

Nominated commencement of trading date	
Lease Information:	
DPI Fisheries Aquaculture Permit Number:  Please provide copy of your NSW Fisheries Aquaculture Permit with this application	
Please specify the estuary/ies where leases are held:	

Street address of building or premises (if the same as the postal address on Applicant Details page, please write "same")			Telephone no
			Mobile no
			Facsimile no
	State:	Post Code:	Email

Please tick and specify what operations are carried out at this premises:

Shellfish Aquaculture?	<input type="checkbox"/> Farm Oysters <input type="checkbox"/> Farm Blue Mussels
Depurate Oysters?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please specify DP Number _____ and complete specification sheet for DP on next page
Open Oysters?	<input type="checkbox"/> Open oysters <input type="checkbox"/> Bottle Oysters <input type="checkbox"/> Other _____
Wet Store shellfish?	<input type="checkbox"/> Oysters <input type="checkbox"/> Mussels <input type="checkbox"/> Pipsis <input type="checkbox"/> Cockles <input type="checkbox"/> Other _____

**APPLICATION FOR A SEAFOOD LICENCE – SHELLFISH CULTIVATION OR HARVEST
Food Regulation 2010**

Licensing unit office hours: 8.30am – 5.00pm Monday – Friday Phone: 02 6552 3000 or 1300 552 406 Fax: 02 6552 7239
NSW Food Authority ABN 47 080 404 416 PO Box 6682 SILVERWATER NSW 1811

Specification Sheet for DP _____

Number of Tanks	
Type of tank (Pool, Tray or stacked box)	
Construction material	
Length of water area (mm)	
Width of water area (mm)	
Depth of water area (mm)	
Gross Tank Capacity (L)	
Water volume with oysters, (including pipe work (L)¹	
Pump make and model	
Pump capacity L/hour (calculated)	
Filter present	
Type (Cartridge, sand, etc)	
Make and Model	
Disinfection unit make and model	
No. of disinfection units	
Lamp type	
Lamp life (batches)	
Total disinfection unit capacity (L/h)	
Heating present	
Cooling present	
Storage Tank If yes, capacity	
Basket capacity per layer	
No of Layers	
Basket type used	
Bag capacity²	
Water Source	

Comments: Pumping capacity calculated with spray bar removed. Flow rate would be slightly less with the spray bar attached due to head loss of spray bar.

¹ Calculated by deducting 65L per bag from the gross water volume.


² A nominal figure. A bag may contain from 1,000 to 1,600 oysters. 1 bag = 80 litres (gross).

**APPLICATION FOR A SEAFOOD LICENCE – SHELLFISH CULTIVATION OR HARVEST
Food Regulation 2010**

Licensing unit office hours: 8.30am – 5.00pm Monday – Friday Phone: 02 6552 3000 or 1300 552 406 Fax: 02 6552 7239
NSW Food Authority **ABN 47 080 404 416** PO Box 6682 SILVERWATER NSW 1811

COLLECT WILD SHELLFISH

If you collect wild shellfish as part of your fishing activities please complete the following section.

<p>Do you hold a current endorsement with DPI Fisheries?</p>  Please provide copy of your DPI Fisheries Endorsement with this application	<p><input type="checkbox"/> YES - Please provide a copy of the endorsement with application form.</p> <p><input type="checkbox"/> NO</p>
<p>Are you a member of a Bio-toxin Management Plan?</p> <p>NB: It is a requirement that if you are collecting wild shellfish you must be a member of a biotoxin management program.</p>	<p><input type="checkbox"/> YES - Please advise details of the bio-toxin management plan:</p> <p>_____</p> <p><input type="checkbox"/> NO - If no, why: _____</p>
<p>Do you harvest wild shellfish within an existing local shellfish program area?</p>	<p><input type="checkbox"/> YES - Please advise program name:</p> <p>_____</p> <p><input type="checkbox"/> NO</p>
<p>Locations of where you plan to collect wild shellfish from</p>	
<p>Type of Wild Shellfish collected (Please tick)</p>	<p><input type="checkbox"/> Cockles</p> <p><input type="checkbox"/> Pipsis</p> <p><input type="checkbox"/> Other Please specify: _____</p>

**APPLICATION FOR A SEAFOOD LICENCE – SHELLFISH CULTIVATION OR HARVEST
Food Regulation 2010**

Licensing unit office hours: 8.30am – 5.00pm Monday – Friday Phone: 02 6552 3000 or 1300 552 406 Fax: 02 6552 7239
NSW Food Authority ABN 47 080 404 416 PO Box 6682 SILVERWATER NSW 1811

<p>If farming oysters, are you a spat only farmer (ie. oysters are sold for on-growing to another oyster farmer licenced with the NSW Food Authority)?</p>	<p>If Yes, please complete the declaration below:</p>
---	---

DECLARATION – SPAT ONLY HARVESTING

I/we,⁽¹⁾..... do solemnly and sincerely declare as follows; *(I/we cultivate shellfish solely for the purpose of selling to other shellfish producers for on-growing for a period greater than 60 days)*. I/We do not harvest shellfish for either direct human consumption or for depuration and human consumption. I/we do not depurate shellfish for myself or any other seafood businesses as defined under the *Food Regulation 2010*. I/we will advise the NSW Food Authority should this situation change in the future.

I/we the undersigned, certify that the information given in this form is correct at this date.

Signature/s: _____

Name/s (please print): _____

Position: _____

Date: _____

VEHICLE INFORMATION

- If you transport, pickup or deliver shellfish please fill in the following section
- If licensing more than one vehicle, please photocopy this page, complete and return with other pages of application form

VEHICLE DETAILS			
Make		Body type	
Year of manufacture		Registration number	
Refrigerated?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Address where garaged?	_____		
Address where most seafood is picked up?	_____		
Please tick which type of shellfish you transport			
<input type="checkbox"/> Live <input type="checkbox"/> Fresh Chilled <input type="checkbox"/> Frozen			

TAX INVOICE

**APPLICATION FOR A SEAFOOD LICENCE – SHELLFISH CULTIVATION OR HARVEST
Food Regulation 2010**

Licensing unit office hours: 8.30am – 5.00pm Monday – Friday Phone: 02 6552 3000 or 1300 552 406 Fax: 02 6552 7239
NSW Food Authority **ABN 47 080 404 416** PO Box 6682 SILVERWATER NSW 1811

Please return all pages of your NSW Food Authority changes to seafood licence application to:

**NSW Food Authority
PO Box 6682
Silverwater NSW 1811**

OFFICE USE ONLY	
Date Received:	Amount Paid:
Customer Code:	Receipt no:

CHECKLIST

To avoid any delays in the processing of your application, please ensure all relevant documentation is submitted with this application form.

- Application form completed and signed
- ASIC company statement attached (where applicable)
- Dept Fair Trading certificate of registration of business name attached (where applicable)
- ABN certificate (where applicable)
- Wild shellfish harvest endorsement/ licence issued by DPI Fisheries (where applicable)
- Aquaculture permit issued by DPI Fisheries (where applicable)
- Payment \$50.00 application fee only attached. Invoices for state and local levies will follow in due course.